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*Margaret A. Powers* (Depositor's name)

*Margaret A. Powers* (Signature)

*August 27, 2008* (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/609,296	06/27/2003	Poul Baad Rasmussen	0228US420	5764

TITLE OF INVENTION: INTERFERON BETA-LIKE MOLECULES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	09/02/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SEHARASEYON, JEGATHEESAN		1647		424-085600		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Margaret A. Powers

2 Joanne R. Petithory

3 Norman J. Kruse

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Maxygen ApS

Hoersholm, Denmark

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4a. The following fee(s) are submitted:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Margaret A. Powers*

Typed or printed name

MARGARET A. POWERS

Date

*August 27, 2008*

Registration No.

39,804

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Hoersholm, Denmark

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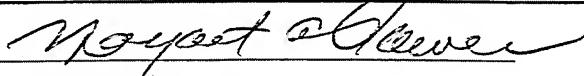
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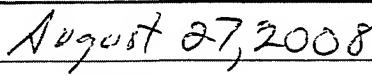
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Authorized Signature



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Typed or printed name

MARGARET A. POWERS

Registration No.

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